

<b>ORDER FOR SUPPLIES OR SERVICES</b>										PAGE 1 OF 6	
1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. W911XK-04-P-0111			2. DELIVERY ORDER/ CALL NO. W911XK		3. DATE OF ORDER/CALL (YYYYMMDD) 2004 Sep 22		4. REQ./ PURCH. REQUEST NO.		5. PRIORITY		
6. ISSUED BY CONTRACTING DIVISION DETROIT DISTRICT, USAED P.O. BOX 1027 DETROIT MI 48231-1027			7. ADMINISTERED BY (if other than 6) <b>SEE ITEM 6</b>		8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)						
9. CONTRACTOR PC MALLGOV NAME AND ADDRESS 2555 W. 190TH ST TORRANCE CA 90504			10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) <b>SEE SCHEDULE</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED						
12. DISCOUNT TERMS			13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Item 15								
14. SHIP TO DETROIT AREA OFFICE 6309 W. JEFFERSON BUILDING 414 DETROIT MI 48209			15. PAYMENT WILL BE MADE BY CREDITCD PAYMENT TO BE MADE BY GOVERNMENT WIDE COM DETROIT MI 48226		<b>MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.</b>						
16. TYPE OF ORDER		DELIVERY/ CALL		This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.							
PURCHASE		X		Reference your quote dated 2004 Sep 20 Furnish the following on terms specified herein. REF: QUOTE DTD 04 SEP 20							
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.											
NAME OF CONTRACTOR			SIGNATURE			TYPED NAME AND TITLE			DATE SIGNED (YYYYMMDD)		
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:											
17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE <b>See Schedule</b>											
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/ SERVICES			20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT	
		<b>SEE SCHEDULE</b>									
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA TEL: (313) 226-6421 EMAIL: Sharon.A.Lawrence@lre02.usace.army.m: Sharon A. Lawrence BY: SHARON A LAWRENCE CONTRACTING / ORDERING OFFICER				25. TOTAL \$47,550.00		26. DIFFERENCES	
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED											
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE				
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE					28. SHIP NO.		29. DO VOUCHER NO.		30. INITIALS		
f. TELEPHONE NUMBER		g. E-MAIL ADDRESS			<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR		
36. I certify this account is correct and proper for payment.					31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		34. CHECK NUMBER		35. BILL OF LADING NO.		
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER			40. TOTAL CONTAINERS		41. S/R ACCOUNT NO.		42. S/R VOUCHER NO.		
37. RECEIVED AT		38. RECEIVED BY		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NO.		42. S/R VOUCHER NO.	

Section B - Supplies or Services and Prices

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	ALTIRIS 6 CLIENT MANAGEMENT SUITE FFP	1	Each	\$93.76	\$93.76
					<hr/>
NET AMT					\$93.76
ACRN AA Funded Amount					\$93.76

FOB: Destination

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0002	ALTIRIS 6 CLIENT MGMT SUITE - FFP LEVEL 1 & 2	500	Each	\$77.10	\$38,550.00
					<hr/>
NET AMT					\$38,550.00
ACRN AA Funded Amount					\$38,550.00

FOB: Destination

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0003		1	Each	\$750.00	\$750.00
	ALTIRIS 6 CLIENT MGMT 5 FFP				

---

NET AMT	\$750.00
---------	----------

ACRN AA Funded Amount	\$750.00
-----------------------	----------

FOB: Destination

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0004		1	Each	\$7,500.00	\$7,500.00
	WISE PKG STUDIO ENTERPRISE FFP				

---

NET AMT	\$7,500.00
---------	------------

ACRN AA Funded Amount	\$7,500.00
-----------------------	------------

FOB: Destination

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0005		1	Each	\$750.00	\$750.00
	WISE PKG STUDIO ENTERPRISE 5.1 FFP				
	NOTE: THIS IS A VISA ORDER. CONTACT SHARON A. LAWRENCE FOR THE CREDIT CARD NUMBER AT (313) 226-6421.				

---

NET AMT	\$750.00
---------	----------

ACRN AA Funded Amount	\$750.00
-----------------------	----------

FOB: Destination

Section E - Inspection and Acceptance

INSPECTION AND ACCEPTANCE TERMS

Supplies/services will be inspected/accepted at:

CLIN	INSPECT AT	INSPECT BY	ACCEPT AT	ACCEPT BY
0001	N/A	N/A	N/A	Government
0002	N/A	N/A	N/A	Government
0003	N/A	N/A	N/A	Government
0004	N/A	N/A	N/A	Government
0005	N/A	N/A	N/A	Government

## Section F - Deliveries or Performance

## DELIVERY INFORMATION

CLIN	DELIVERY DATE	QUANTITY	SHIP TO ADDRESS	UIC
0001	30-SEP-2004	1	DETROIT AREA OFFICE . 6309 W. JEFFERSON BUILDING 414 DETROIT MI 48209 FOB: Destination	H7L8100
0002	30-SEP-2004	500	(SAME AS PREVIOUS LOCATION) FOB: Destination	H7L8100
0003	30-SEP-2004	1	(SAME AS PREVIOUS LOCATION) FOB: Destination	H7L8100
0004	30-SEP-2004	1	(SAME AS PREVIOUS LOCATION) FOB: Destination	H7L8100
0005	30-SEP-2004	1	(SAME AS PREVIOUS LOCATION) FOB: Destination	H7L8100

Section G - Contract Administration Data

ACCOUNTING AND APPROPRIATION DATA

AA: 96 NA X 4902.0000 H7 X 08 2427 NA 96203 3100 RF5010  
AMOUNT: \$47,550.00